

Testimony of
Quinnipiac University School of Law Civil Justice Clinic

In Support of Proposed House Bill 6695

Public Health Committee
March 7, 2017

The Quinnipiac University School of Law Civil Justice Clinic provides free legal services to low-income people and advocates for policy reforms that benefit low-income and underrepresented groups. The Clinic supports Proposed House Bill 6695, *An Act Concerning the Protection of Youth from Conversion Therapy*, which would prohibit any licensed professional from engaging in “conversion therapy”—that is, any practices or treatments that seek to change an individual’s sexual orientation or gender identity¹—with a person under the age of eighteen.

Same-sex orientation is not an illness.² Nor is gender nonconformity—that is, having a gender identity that does not align with one’s assigned sex at birth.³ So-called “therapy” for non-existent medical conditions is not therapy at all—it is fraud.⁴ It simply does not work.⁵ This fraud is especially pernicious, moreover, because it does real harm. At its essence, it teaches vulnerable people to hate themselves, and vulnerable people who hate themselves may do desperate things. Some young people who have undergone conversion therapy have attempted to hurt or kill themselves.⁶ Some have died.⁷ Not surprisingly, both the medical and legal communities have taken a strong stance against conversion therapy, as have five states and the District of Columbia, which passed legislation banning the practice on minors.⁸ We urge this Committee to follow their lead and approve Proposed House Bill 6695.

Part I of this testimony discusses the heartbreaking, real-life consequences of conversion therapy in the words of those who know them best: LGBT survivors. Part II discusses the practice of conversion therapy in Connecticut. Part III discusses the medical and legal communities’ strong opposition to conversion therapy, and Part IV suggests several ways in which the proposed bill can be strengthened to protect LGBT youth.

I. Survivors of Conversion Therapy Describe a Harmful and Fraudulent Practice

Perhaps the best evidence of conversion therapy’s harmfulness and ineffectiveness comes from those who have undergone conversion therapy. Although these individuals span the nation, their stories of conversion therapy are remarkably similar.

- Conversion therapists told survivors that their LGBT identity was caused by:
 - Overbearing mothers⁹
 - Cold, distant fathers¹⁰
 - Being bullied by members of the same sex¹¹
 - Being rejected by members of the opposite sex¹²
 - Being bad at sports¹³
 - Immaturity¹⁴
 - Participation in the creative arts¹⁵

- Conversion therapists told survivors that their LGBT identity could be cured by:
 - Watching heterosexual pornography¹⁶
 - Masturbating to pictures of the opposite sex¹⁷
 - Exorcism-like rituals¹⁸
 - Wearing a rubber band around one's wrist and snapping it when one thinks of the same sex¹⁹
 - Being punched when one "acts" like the opposite sex²⁰
 - Being taunted with homophobic slurs²¹
 - Spending more time at the gym and being naked with one's father at bathhouses²²
 - Beating an effigy of one's mother with a tennis racket while screaming, as if killing her²³
 - Reenacting scenes of past abuse in front of others²⁴
 - Disrobing and touching one's genitals and buttocks²⁵
- The statements of LGBT people who have undergone conversion therapy suggest the magnitude of harm inflicted on our most vulnerable youth:
 - I hate myself²⁶
 - I'm worthless²⁷
 - I want to kill myself²⁸
 - I pray that I will die in an accident²⁹
 - I don't deserve to be loved³⁰
 - I was told I would die of AIDS if I didn't change³¹
 - I don't want to live anymore³²
 - I have flashbacks³³
 - I tried to hurt myself³⁴
 - I was told that if I didn't change, I would face a life of loneliness with no family or children³⁵
 - I wet my bed for a long time, well into my teens³⁶
 - I felt guilty and ashamed³⁷
 - I felt robbed of my dignity³⁸

II. Conversion Therapy Almost Certainly Takes Place in Connecticut³⁹

Although practitioners in Connecticut do not explicitly state that they are engaged in "conversion therapy," they claim to be able to "treat" LGBT people. For example, a licensed psychologist in Connecticut, who works with both children and adults, claims that:

[s]ame-sex attraction (SSA) appears to be a condition that results from various psychological wounds and issues that develop during childhood. The psychosocial development of an individual who manifests same-sex attractions is often fraught with pain and anguish. Same-sex attraction is thought to be a symptom of these wounds.

This psychologist markets himself as treating "men and women with unwanted same-sex attraction seeking to diminish same-sex feelings and behaviors and/or congruency between their sexuality

and faith-based beliefs.” He also lectures “nationally and internationally to seminarians, clergy, mental health practitioners, and the general public on issues including . . . the psychology of same-sex attractions, and psychotherapeutic treatment of individuals with same-sex attractions.” Significantly, the psychologist recommends the work of Joseph Nicolosi, an outspoken proponent of conversion therapy for adults and children,⁴⁰ calling Nicolosi’s “latest revision of reparative therapy . . . effective,” and recommending another of Nicolosi’s books as offering “excellent information for parents to learn what they can do to help the child develop their heterosexual potential” and prevent homosexuality.

The same psychologist is also a member of the National Association for Research and Therapy of Homosexuality (NARTH),⁴¹ co-founded by Nicolosi, and serves on the board of a Connecticut-based—and ostensibly international—organization whose “purpose . . . is to help individuals with same-sex attractions to live the virtue of chastity” and to resist “deep-seated homosexual tendencies . . . which [are] objectively disordered.” This organization “has more than 100 Chapters and contact people world-wide, over 1500 persons participating in its ListServes, and hundreds of persons per week receiving assistance from the main office and website.” The organization does *not* “discourage ‘reparative therapy.’”

Another licensed psychologist in Connecticut who works with adolescents and adults states on his website that “homosexual acts are intrinsically disordered,” and that individuals with “[h]omosexual tendencies . . . should be supported in their efforts to exercise self-mastery and live their lives chastely.”

III. The Medical and Legal Communities Have Condemned Conversion Therapy as Harmful and Fraudulent

The medical and legal communities have firmly concluded that conversion therapy is both ineffective and harmful.

The Medical Community

After conducting a systematic review of nearly fifty years of peer-reviewed journal literature on conversion therapy, the American Psychological Association issued a report in 2009 concluding that “there was some evidence to indicate that individuals experienced harm from [conversion therapy],” specifically, “loss of sexual feeling, depression, suicidality, and anxiety.”⁴² The report further noted that, “given the limited amount of methodologically sound research, claims that recent [conversion therapy] is effective are not supported. . . . [T]he results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through [conversion therapy].”⁴³

The American Psychiatric Association has similarly concluded that: “[t]he potential risks of ‘reparative therapy’ are great and include depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient,” and that “[i]n the last four decades, ‘reparative’ therapists have not produced *any* rigorous scientific research to substantiate their claims of cure.”⁴⁴ A

multitude of other professional organizations have issued similar statements opposing conversion therapy.⁴⁵

In a June 2016 report that reviewed 47 peer-reviewed studies on conversion therapy, researchers at Columbia Law School's What We Know Project⁴⁶ determined that:

- 12 studies “concluded that [conversion therapy] is ineffective and/or harmful, finding links to depression, suicidality, anxiety social isolation and decreased capacity for intimacy.”⁴⁷
- Only 1 study—authored, in part, by Joseph Nicolosi, an outspoken proponent of conversion therapy who writes books and lectures on the subject⁴⁸—concluded that conversion therapy could succeed in a minority of cases. The study “has several limitations: its entire sample self-identified as religious and it is based on self-reports, which can be biased and unreliable.”⁴⁹

Significantly, Dr. Robert L. Spitzer—who is considered by some to be the father of modern psychiatry—authored a controversial and widely-discredited 2003 study supporting the efficacy of conversion therapy.⁵⁰ Nine years later, he agreed with his critics, retracted the study, and apologized to the LGBT community:

I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works with some “highly motivated” individuals.⁵¹

- “The remaining 34 studies do not make an empirical determination about whether [conversion therapy] can alter sexual orientation but may offer useful observations to help guide practitioners who treat LGB patients.”⁵²

Based on their review of the literature, the researchers concluded that:

[T]here is no credible evidence that sexual orientation can be changed through therapeutic intervention. Most accounts of such change are akin to instances of “faith healing.” There is also powerful evidence that trying to change a person’s sexual orientation can be extremely harmful. Taken together, the overwhelming consensus among psychologists and psychiatrists who have studied conversion therapy or treated patients who are struggling with their sexual orientation is that therapeutic intervention cannot change sexual orientation, a position echoed by all major professional organizations in the field.⁵³

The Legal Community

In 2015, the American Bar Association adopted a resolution “urg[ing] all federal, state, local, territorial and tribal governments to enact laws that prohibit state-licensed professionals from

using conversion therapy on minors.”⁵⁴ According to the ABA, conversion therapy: “causes serious harms to LGBTQ people and especially to LGBTQ children and youth”; is “ineffective, unsafe, and completely out-of-step with current scientific understanding of sexual orientation and gender identity”; and violates the most basic equality of LGBT people—“the very right . . . to exist.”⁵⁵

Federal appeals courts have likewise upheld legislation prohibiting conversion therapy on minors, and at least one state trial court has ruled that conversion therapy amounts to consumer fraud.⁵⁶ In 2014, in *King v. Governor of the State of New Jersey*, the Third Circuit Court of Appeals upheld New Jersey’s law banning conversion therapy on minors based on “substantial evidence” that conversion therapy was “harmful” and “ineffective.”⁵⁷ According to the court:

It is not too far a leap in logic to conclude that a minor client might suffer psychological harm if repeatedly told by an authority figure that her sexual orientation—a fundamental aspect of her identity—is an undesirable condition. Further, if [conversion therapy] is ineffective—which . . . is supported by substantial evidence—it would not be unreasonable for a legislative body to conclude that a minor would blame herself if her counselor’s efforts failed.⁵⁸

The court also concluded that New Jersey’s law was not “overly burdensome,” based on the “especially vulnerable” position of minors, who “may feel pressured to receive [conversion therapy] counseling by their families and their communities despite their fear of being harmed.”⁵⁹

In 2013, in *Pickup v. Brown*, the Ninth Circuit likewise upheld a California law that prohibited licensed mental health practitioners from providing conversion therapy to minors. According to the Ninth Circuit, the California Legislature

relied on the well documented, prevailing opinion of the medical and psychological community that [conversion therapy] has not been shown to be effective and that it creates a potential risk of serious harm to those who experience it.⁶⁰

And in *Ferguson v. JONAH*—a case in which the Plaintiff sued a pro-conversion therapy organization (“Jews Offering New Alternatives to Homosexuality,” or “JONAH”) for fraudulently claiming that their counseling services could cure clients of being gay—a New Jersey trial court excluded pro-conversion therapy experts from testifying that homosexuality is a disorder in need of treatment.⁶¹ The court did not mince words:

The overwhelming weight of scientific authority concludes that homosexuality is not a disorder or abnormal. The universal acceptance of that scientific conclusion—save for outliers such as JONAH—requires that any expert opinions to the contrary must be barred.

. . . .

[T]he theory that homosexuality is a disorder is not novel but—like the notion that the earth is flat and the sun revolves around it—instead is outdated and refuted.

Homosexuality was listed as a mental disorder in the DSM until its removal in 1973. Although the DSM has added newly recognized disorders as a result of evolving understandings of the medical field, this case presents the opposite situation: the APA *removed* homosexuality from the DSM upon concluding that it was not a disorder. JONAH has not identified any case that provides a standard for the admission of obsolete and discredited scientific theories. By definition, such theories are unreliable and can offer no assistance to the jury, but rather present only confusion and prejudice.⁶²

The court went on to hold that professional claims that being LGBTQ is a curable mental disorder constitute consumer fraud.⁶³

IV. The Proposed Bill Should Be Strengthened to Protect Vulnerable Youth

In addition to prohibiting licensed professionals from engaging in conversion therapy on children and subjecting such professionals to discipline by the Connecticut Department of Public Health, we strongly encourage this Committee to provide two additional and modest protections:

- (1) Prohibit any person from engaging in trade or commerce to provide conversion therapy, the practice of which shall be an unfair and deceptive trade practice under section 42-110b of the general statutes and subject to enforcement by the Connecticut Department of Consumer Protection and by private cause of action; and
- (2) Prohibit public funds from being spent on conversion therapy.

V. Conclusion

Same-sex orientation and gender non-conformity are not illnesses. Conversion therapy, which seeks to “treat” LGBT people, is harmful and ineffective, as LGBT survivors and the weight of medical and legal opinion make clear. We therefore urge this Committee to approve Proposed House Bill 6695 with the additional protections that we recommend.

Thank you very much for the opportunity to present this testimony.

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¹ “Conversion therapy,” also known as “reparative therapy,” “ex-gay therapy,” or “sexual orientation change efforts,” includes any efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Importantly, “conversion therapy” does *not* include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person’s coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual’s sexual orientation or gender identity. For a brief but instructive history of conversion therapy, see the Ninth Circuit’s decision in *Pickup v. Brown*, 728 F.3d 1042, 1948-49 (9th Cir. 2013) (stating that, “[i]n the past, aversive treatments included inducing nausea, vomiting, or paralysis; . . . providing electric shocks; . . . [and] [e]ven more drastic methods, such as castration”).

² See AMERICAN PSYCHIATRIC ASSOCIATION, POSITION STATEMENT ON DISCRIMINATION AGAINST TRANSGENDER AND GENDER VARIANT INDIVIDUALS 2 (2012), http://www.dhcs.ca.gov/services/MH/Documents/2013_04_AC_06d_APA_ps2012_Transgen_Disc.pdf (“In 1973, the American Psychiatric Association removed the diagnosis of homosexuality from the DSM-II and issued a position statement of support of gay and lesbian civil rights.”) (internal citation omitted).

³ See *id.* at 1 (“Being transgender . . . or [gender] variant implies *no impairment* in judgment, stability, reliability, or general social or vocational capabilities.”) (emphasis added). Gender nonconformity, which is not a medical condition, should be distinguished from gender dysphoria, which *is*. For many transgender people, the incongruence between gender identity and assigned sex does not interfere with their lives; they are completely comfortable living just the way they are. For some transgender people, however, the incongruence results in gender dysphoria—i.e., a feeling of stress and discomfort with one’s assigned sex. Such gender dysphoria, if clinically significant and persistent, *is* a serious medical condition and has been regarded as such for well over fifty years. See AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 451 (5th ed. 2013) (defining diagnosis of “Gender Dysphoria”); see also WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH, STANDARDS OF CARE FOR THE HEALTH OF TRANSSEXUAL, TRANSGENDER, AND GENDER NONCONFORMING PEOPLE 5 (7th ed., 2012), http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926 (distinguishing “gender nonconformity” from the medical diagnosis of “gender dysphoria,” and stating that “[o]nly *some* gender nonconforming people experience gender dysphoria at *some* point in their lives”). The World Professional Association For Transgender Health, Inc. (“WPATH”) has established internationally accepted Standards of Care (“SOC”) for the treatment of people with Gender Dysphoria, which explicitly reject “[t]reatment

aimed at trying to change a person's gender identity and lived gender expression to become more congruent with sex assigned at birth." *Id.* at 32.

⁴ *Cf. Ferguson v. JONAH*, 2015 WL 609436, at *10 (N.J. Super. Ct. Feb. 5, 2015) (discussing the "false premise that homosexuality is either abnormal or a mental disorder"); *see also* AMERICAN BAR ASSOCIATION, COMMISSION ON SEXUAL ORIENTATION AND GENDER IDENTITY, REPORT TO HOUSE OF DELEGATES 1, 2, 10 (2015) [hereinafter ABA REPORT], <https://www.americanbar.org/content/dam/aba/images/abanews/2015annualresolutions/112.pdf> (discussing "the discredited and dangerous practice of conversion therapy, which exposes LGBTQ people to harmful, unethical, and fraudulent attempts to pathologize their sexual and gender identities").

⁵ *See infra* Part III of this Testimony (citing studies).

⁶ *See infra* Part I of this Testimony (discussing harm that conversion therapy inflicts on LGBT youth); *see also* ABA REPORT, *supra* note 4, at 2-6 (discussing harmfulness of conversion therapy).

⁷ *See, e.g.,* Shannan Wilber, *NCLR Statement on the Loss of Leelah Alcorn* (Jan. 2, 2015), <http://www.nclrights.org/press-room/press-release/nclr-statement-on-the-loss-of-leelah-alcorn/> (discussing suicide of young transgender woman named Leelah Alcorn who had undergone conversion therapy); Josh Levs, *California Governor OKs Ban on Gay Conversion Therapy, Calling it "Quackery,"* CNN (Oct. 2, 2012), <http://www.cnn.com/2012/10/01/us/california-gay-therapy-ban/> (discussing suicide of gay man named Kirk Murphy who had undergone conversion therapy).

⁸ These states are: California, Illinois, New Jersey, Oregon, Vermont, and the District of Columbia. NATIONAL CENTER FOR LESBIAN RIGHTS, *#BornPerfect: Laws & Legislation by State*, <http://www.nclrights.org/bornperfect-laws-legislation-by-state/>. New York prohibits conversion therapy through administrative regulations. *Governor Cuomo Announces Executive Actions Banning Coverage of Conversion Therapy*, NEW YORK STATE (Feb. 6, 2016), <https://www.governor.ny.gov/news/governor-cuomo-announces-executive-actions-banning-coverage-conversion-therapy>.

⁹ Meeting Material for HB 2307 Before the S. Comm. on Human Services and Early Childhood, 78th Leg., 2015 Regular Sess., (Oreg. 2015) (statement of Maxwell Hirsh) [hereinafter Hirsch Statement], <https://olis.leg.state.or.us/liz/2015R1/Downloads/CommitteeMeetingDocument/68840>.

¹⁰ *Id.*

¹¹ Youth Mental Health Protection: Hearing on H.B. 217 Before the Subcomm. On Juvenile Justice and Sys. Involved Youth of the H. Comm. On the Judiciary-Criminal, 99th Gen. Assembly (Ill. 2015) (statement of Curtis Gallaway (audio on file with House Transcription, timestamp 5:50-10:10)) [hereinafter Gallaway Statement]; Hirsh Statement, *supra* note 9.

¹² Hirsh Statement, *supra* note 9.

¹³ *Id.*

¹⁴ Meeting Material for HB 2307 Before the S. Comm. on Human Services and Early Childhood, 78th Leg., 2015 Regular Sess., (Oreg. 2015) (statement of Norman Birthmark) [hereinafter Birthmark Statement] ("[T]he counseling convinced me that my sexuality was a sign that I was socially and psychologically stunted.").

¹⁵ Brief of *Amici Curiae* Children's Law Center of California et al. in Support of Appellees to Affirm the Order Denying a Preliminary Injunction at 5, *Pickup v. Brown*, 740 F.3d 1208, 1223 (9th Cir. 2014) (No. 12-17681) [hereinafter Brief of *Amici Curiae*], https://www.lambdalegal.org/sites/default/files/welch_ca_20130204_amici-clcc-et-al_0.pdf.

¹⁶ Meeting Material for HB 2307 Before the S. Comm. on Human Services and Early Childhood, 78th Leg., 2015 Regular Sess., (Oreg. 2015) (statement of Paul Southwick), <https://olis.leg.state.or.us/liz/2015R1/Downloads/CommitteeMeetingDocument/68845>.

¹⁷ Gallaway Statement, *supra* note 11; Brief of *Amici Curiae*, *supra* note 15, at 15-16 (discussing the experiences of two young men who were instructed by therapists to masturbate to pictures of women).

¹⁸ Meeting Material for HB 2307 Before the S. Comm. on Human Services and Early Childhood, 78th Leg., 2015 Regular Sess., (Oreg. 2015) (statement of Laurie Warren), <https://olis.leg.state.or.us/liz/2015R1/Downloads/CommitteeMeetingDocument/68839>.

¹⁹ *Ferguson*, 2015 WL 609436, at *2; Brief of *Amici Curiae*, *supra* note 15, at 5.

²⁰ Brief of *Amici Curiae*, *supra* note 15, at 5.

²¹ *Ferguson*, 2015 WL 609436, at *2.

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ Brief of *Amici Curiae*, *supra* note 15, at 4.

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.* at 5.

³⁰ *Id.*

³¹ *Id.*

³² *Id.* at 5 (discussing young woman who called crisis hotline, spoke of suicide, and said that she “does not want to hold on much longer”).

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.* at 6.

³⁶ *Id.*

³⁷ Birthmark Statement, *supra* note 14.

³⁸ Meeting Material for HB 2307 Before the S. Comm. on Human Services and Early Childhood, 78th Leg., 2015 Regular Sess., (Oreg. 2015) (statement of Alyssa Chiampi), <https://olis.leg.state.or.us/liz/2015R1/Downloads/CommitteeMeetingDocument/68825>.

³⁹ Part II of this testimony quotes extensively from, but does not cite to, the websites of licensed psychologists in Connecticut. The Clinic is happy to provide these citations to the Committee upon request.

⁴⁰ Joseph Nicolosi, Ph.D., NARTH Institute, Clinical Division Report, *What is Reparative Therapy? Examining the Controversy*, <http://www.narth.com/important-updates> (“Reparative Therapy (RT) meets the criteria of good standard psychotherapeutic practice; it does not violate professional codes of conduct; and it should, in fact, be allowed for under-18-year-old clients.”).

⁴¹ “NARTH—an acronym for National Association for Research and Therapy of Homosexuality—was co-founded by Dr. Nicolosi . . . and has less than 1,000 members, including non-mental health professionals such as counselors, teachers, and pastors.” *Ferguson*, 2015 WL 609436, at *3 n.1.

⁴² AMERICAN PSYCHOLOGICAL ASSOCIATION, REPORT OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION TASK FORCE ON APPROPRIATE THERAPEUTIC RESPONSES TO SEXUAL ORIENTATION 3 (2009) [hereinafter APA REPORT], <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

⁴³ *Id.* at 2-3.

⁴⁴ AM. PSYCHIATRIC ASS’N, POSITION STATEMENT ON PSYCHIATRIC TREATMENT AND SEXUAL ORIENTATION (2000), available at [position-2000-therapies-change-sexual-orientation.pdf](http://www.psychiatry.org/position-2000-therapies-change-sexual-orientation.pdf) (emphasis added).

⁴⁵ See, e.g., Illinois General Assembly, Public Act 099-0411, <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=099-0411> (listing as legislative findings the statements of nine medical and mental health organizations opposed to conversion therapy).

⁴⁶ COLUMBIA LAW SCHOOL WHAT WE KNOW PROJECT, THE PUBLIC POLICY RESEARCH PORTAL, “About,” <http://whatweknow.law.columbia.edu/about/>.

⁴⁷ COLUMBIA LAW SCHOOL WHAT WE KNOW PROJECT, WHAT DOES THE SCHOLARLY RESEARCH SAY ABOUT WHETHER CONVERSION THERAPY CAN ALTER SEXUAL ORIENTATION WITHOUT CAUSING HARM? (June 2016) [hereinafter COLUMBIA REPORT], <http://whatweknow.law.columbia.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm>.

⁴⁸ Nicolosi’s website links directly to his book for sale on Amazon: SHAME AND ATTACHMENT LOSS: THE PRACTICAL WORK OF REPARATIVE THERAPY (\$35.00). See Joseph Nicolosi, Ph.D., *If Gay Doesn’t Define You, You Don’t Have to be Gay*, <http://www.josephnicolosi.com/>.

⁴⁹ COLUMBIA REPORT, *supra* note 47. According to the report, “[m]any researchers sympathetic to conversion therapy do not actually assess changes in sexual orientation or arousal patterns, but in behavior, which is not a true gauge of orientation. Some subjects who claimed movement from gay to straight are actually more accurately described as bisexual, but were not initially coded as such. Many of these studies sample exclusively religious populations, and so their conclusions generally reflect more about religious self-identifications than any indication that sexual orientation can genuinely change. Some researchers found success in depressing same-sex arousal—often with the use of severe techniques—but often that did not translate into increased heterosexual arousal or ability to sustain a satisfying opposite-sex sexual relationships.” *Id.*

⁵⁰ Benedict Carey, *Psychiatry Giant Sorry for Backing Gay “Cure,”* NEW YORK TIMES, May 18, 2012, <http://www.nytimes.com/2012/05/19/health/dr-robert-l-spitzer-noted-psychiatrist-apologizes-for-study-on-gay-cure.html>.

⁵¹ Robert L. Spitzer, *Letter to the Editor, Spitzer Reassesses His 2003 Study of Reparative Therapy of Homosexuality*

(May 24, 2012), <http://albertorajo.com/BlogsTN/spitzer3.pdf>.

⁵² COLUMBIA REPORT, *supra* note 47.

⁵³ *Id.*

⁵⁴ ABA REPORT, *supra* note 4 (adopting resolution).

⁵⁵ *Id.* at 1, 2, 10.

⁵⁶ *Id.* at 9 & n.45 (discussing Feb. 10, 2015 Order in *Ferguson*).

⁵⁷ *King v. Governor of the State of New Jersey*, 767 F.3d 216, 237 (3d Cir. 2014).

⁵⁸ *Id.* at 239.

⁵⁹ *Id.* at 240.

⁶⁰ *Pickup v. Brown*, 728 F.3d 1042, 1050 (9th Cir. 2013).

⁶¹ *Ferguson*, 2015 WL 609436, at *2.

⁶² *Id.* at *6, 9 (emphasis added).

⁶³ ABA REPORT, *supra* note 4, at 9 & n.45.